

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Manish Mittal

Transaction ID: 00319.E12717

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2010

Mailing Address 170 East 87th Street  
PH 1C

City State Zip Code  
New York NY 10128-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
Refund of Contribution Refund of Contrib  
Candidate Name

010  
Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Mary Molano

Transaction ID: 00319.E12718

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2010

Mailing Address 289 Greenwich Avenue

City State Zip Code  
Greenwich CT 06830-

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement  
Refund of Contribution Refund of Contrib  
Candidate Name

010  
Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Gregory Mondre

Transaction ID: 00319.E12719

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2010

Mailing Address 188 E 78th  
Apt 16B

City State Zip Code  
New York NY 10075-

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement  
Refund of Contribution Refund of Contrib  
Candidate Name

010  
Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

3900.00

TOTAL This Period (last page this line number only) ▶